Patient ID:_______________

Patient Initials: _______________

Hospitalization Data Collection Sheet

Course: Check appropriate box.

- ❏ Window
- ❏ Induction
- ❏ Consolidation
- ❏ Continuation Weeks 1-6
- ❏ Reinduction I Weeks 7-9
- ❏ Continuation Weeks 10-16
- ❏ Reinduction II Weeks 17-19
- ❏ Continuation Weeks 20-47
- ❏ Continuation Weeks 48-95
- ❏ Continuation Weeks 96-120
- ❏ Continuation Weeks 121-146
- ❏ Other

Admission Date	Discharge Date	Reason	Comments
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐		
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐		
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐		
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐		
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐		
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐		
☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐		

Reasons for Admission
Domiciliary Care
Hospice
Newly diagnosed
Observation
Other
Pain
Primary disease related
Rehabilitation
Surgery
Therapy
Toxicity

Forms Completed By: ________________________________ Date: ☐☐/☐☐/☐☐☐☐
(MM/DD/ YYYY)

Primary Physician: ________________________________ Date: ☐☐/☐☐/☐☐☐☐
(MM/DD/ YYYY)

Signatures indicate that this completed form has been read and approved.